

TABLE I. Background characteristics of responders (n=92)

Personal characteristics	
Gender	
• Female	32 (34,8%)
• Male	60 (65,2%)
Age	
• Range 25-30 years old	3 (3,3%)
• Range 31-40 years old	26 (28,3%)
• Range 41-50 years old	18 (19,6%)
• >50 years old	44 (47,8%)
• No answer	1 (1%)
Graduation from	
• Switzerland	71 (77,2%)
• Other country	21 (22,8%)
Years of experience since graduation	
• < 5 years	1 (1,1%)
• 5-10 years	9 (9,8%)
• 11-20 years	32 (34,8%)
• > 20 years	50 (54,3%)
Speciality (multiple answers possible)	
• General Dentistry	64 (69,6%)
• Periodontology	12 (13%)
• Oral Surgery	0 (0%)
• Endodontology	2 (2,2%)
• Other	14 (15,2%)
Occupancy rate (in days per week)	
• 1-2 days	0 (0%)
• 3-4 days	14 (15,2%)
• 5-6 days	78 (84,8%)
Type of practice	
• Private practice	82 (89,1%)
• Academic	25 (27,2%)
• Hospital	18 (19,6%)
• Dental Clinic	6 (6,5%)
Region of practice	
• Urban	80 (87%)
• Rural	15 (16,3%)
Number of patients per week	
• 20-40 patients	27 (29,3%)
• 40-60 patients	50 (54,4%)
• >60 patients	15 (16,3%)
On average, how many times a week do you prescribe antibiotics	
• 1-5 times	82 (89,1%)
• 5-10 times	6 (6,5%)
• 10-20 times	1 (1,1%)
• >20 times	0 (0%)
• No answer	3 (3,3%)

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576 **TABLE II.** Situations in which you prescribe antibiotics for the healthy population (not
 577 immunocompromised, no risk of infective endocarditis)

Situations combined antibiotic therapy in the general population	Yes	Sometimes	No	No answer
Pulpitis (reversible or non-reversible)	1 (3,3%)	16 (17,4%)	68 (74%)	5 (5,3%)
Pulp necrosis	6 (6,5%)	47 (51,1%)	33 (35,9%)	6 (6,5%)
Chronic periodontitis	4 (4,3%)	33 (35,9%)	50 (54,3%)	5 (5,5%)
Aggressive periodontitis	32 (34,8%)	38 (41,3%)	18 (19,6%)	4 (4,3%)
Necrotizing periodontal disease	48 (52,2%)	30 (32,6%)	9 (9,8%)	5 (5,4%)
Peri-implantitis	23 (25%)	43 (46,7%)	21 (22,8%)	5 (5,5%)
Abscess without systemic symptoms	16 (17,4%)	39 (42,4%)	34 (37%)	3 (3,7%)
Abscess with systemic symptoms	82 (89,1%)	6 (6,5%)	2 (2,2%)	2 (2,2%)
Cellulitis	75 (81,5%)	8 (8,7%)	5 (5,4%)	4 (4,4%)
Acute maxillary sinusitis of dental origin	57 (62%)	24 (26,1%)	9 (9,8%)	2 (2,1%)
Oral-sinus communication	57 (62%)	24 (21,7%)	12 (13%)	3 (3,3%)

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580 **TABLE III.** Procedures for which you prescribe an antibiotic therapy for the healthy
 581 population (not immunocompromised, no risk of infective endocarditis)

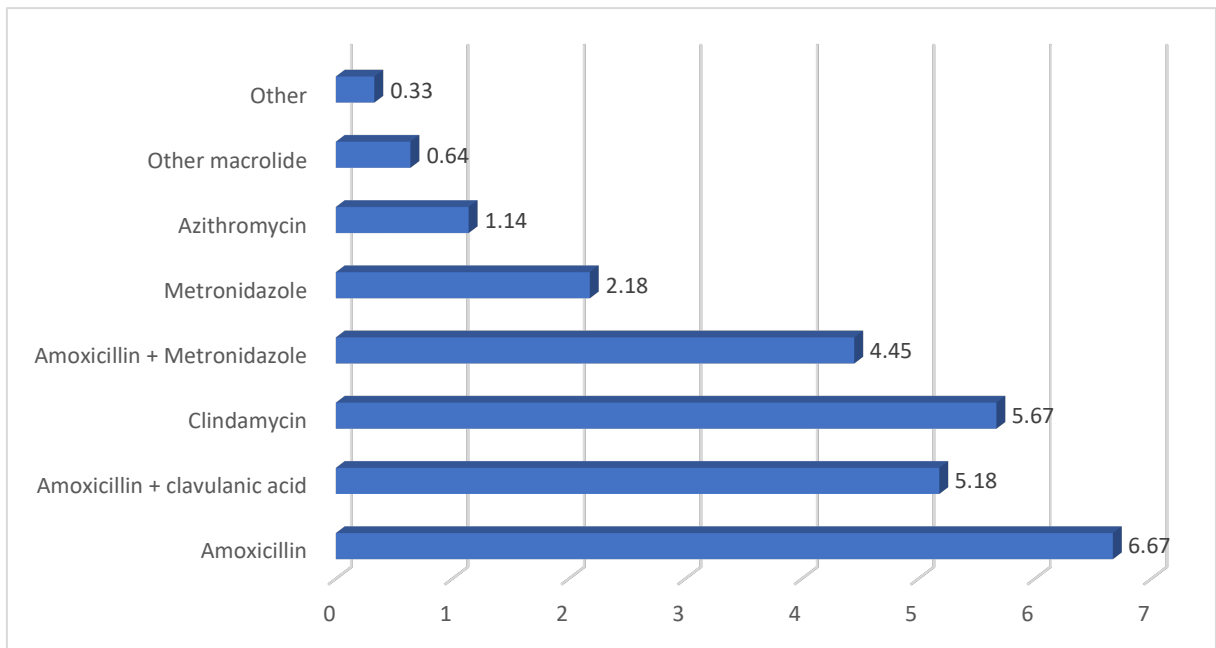
Procedures combined antibiotic therapy in the general population	Yes	Sometimes	No	No answer
Endodontic treatment of vital teeth	0 (0%)	1 (1.1%)	88 (95,6%)	3 (3,3%)
Endodontic treatment of necrotic pulp teeth	2 (2,2%)	32 (34,8%)	55 (59,8%)	3 (3,2%)
Periapical surgery (with or without bone substitute)	25 (27,2%)	33 (35,9%)	28 (30,4%)	6 (6,5%)
Resective periodontal surgery or oral surgery	18 (19,6%)	42 (45,6%)	25 (27,2%)	7 (7,6%)
Regenerative periodontal surgery	30 (32,6%)	30 (32,6%)	21 (22,8%)	11 (12%)
Complex tooth extractions	16 (17,4%)	59 (64,1%)	15 (16,3%)	3 (2,2%)
Extraction of impacted wisdom teeth	39 (42,4%)	37 (40,2%)	12 (13%)	4 (4,4%)
Implant surgery	56 (60,9%)	17 (18,5%)	14 (15,2%)	5 (5,4%)
Surgery for peri-implantitis	41 (44,6%)	30 (32,6%)	14 (15,2%)	7 (7,6%)
Sinus floor elevation	55 (59,8%)	11 (12%)	14 (15,2%)	12 (13%)

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585 **Figure 1a: Antibiotic prescription**

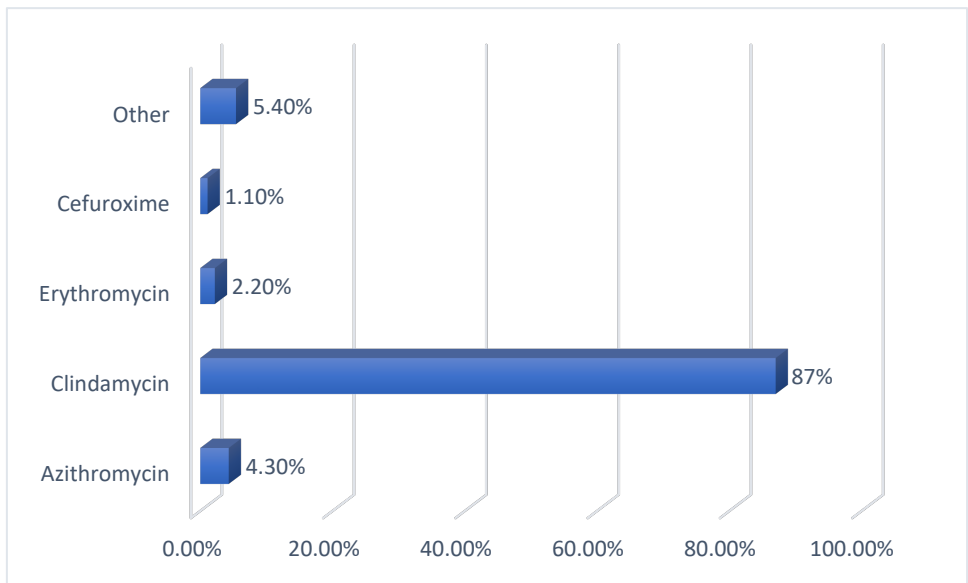


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589 **Figure 1b: Antibiotic prescription in the case of penicillin allergy**



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594 **TABLE IV.** Prophylactic antibiotherapy

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Prophylactic antibiotherapy	
Type of patients you prescribe prophylactic antibiotics	
Immunodeficiency/immunosuppression	46 (50%)
Treatment with biphosphonates per os	25 (27,2%)
Treatment with IV biphosphonates or injection	37 (40,2%)
Joint replacement less than one year old	44 (47,8%)
High risk of endocarditis	80 (86,9%)
Head and neck radiotherapy/chemotherapy	29 (31,5%)
Autoimmune diseases	11 (11,9%)
Vascular stents	11 (11,9%)
Pacemaker	2 (2,2%)
Other	3 (3,3%)
If antibiotic prophylaxis is indicated, what dosage would you prescribe	
Amoxicillin 2G-1 hour before	76 (82,6%)
Amoxicillin 1G-1 hour before	1 (1,1%)
Amoxicillin 1G-1 hour before/ 6 hours afte	10 (10,9%)
Other	5 (5,4%)

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599 **TABLE V.** Procedures for which you prescribe prophylactic antibiotic only before the
600 procedure (for the healthy population; not immunocompromised, no risk of infective
601 endocarditis)

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Prophylactic antibiotic	Yes	Sometimes	No	No answer
Endodontic treatment of vital teeth	0 (0%)	0 (0%)	89 (96,7%)	3 (3,3%)
Endodontic treatment of necrotic pulp teeth	1 (1,1%)	14 (15,2%)	74 (80,4%)	3 (3,3%)
Periapical surgery (with or without bone substitute)	15 (16,3%)	24 (26,1%)	40 (43,5%)	13 (14,1%)
Resective periodontal surgery or oral surgery	10 (10,1%)	34 (36,9%)	37 (40,2%)	11 (12,8%)
Regenerative periodontal surgery	20 (21,6%)	19 (20,6%)	38 (41,3%)	15 (16,4%)
Complex tooth extractions	13 (14,1%)	29 (31,5%)	44 (47,8%)	6 (6,6%)
Extraction of impacted wisdom teeth	30 (32,6%)	22 (23,9%)	34 (36,9%)	6 (6,6%)
Implant surgery	46 (50%)	16 (17,6%)	23 (25%)	7 (7,6%)
Surgery for peri-implantitis	22 (23,9%)	28 (30,4%)	32 (34,8%)	10 (10,9%)
Sinus floor elevation	37 (40,2%)	15 (16,3%)	27 (29,3%)	13 (14,2%)

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605 **Table VI. Education**

Education	
During your studies did you take specific courses on the use of antibiotics in dentistry?	
<ul style="list-style-type: none"> • Yes, often • Yes, but rarely • No, never • No answer 	<p>23 (25%)</p> <p>63 (68,5%)</p> <p>5 (5,4%)</p> <p>1 (1,1%)</p>
During continuous education courses, have you ever received recommendations on the use of antibiotics in dentistry?	
<ul style="list-style-type: none"> • Yes, often • Yes but rarely • No, never • No answer 	<p>28 (30,4%)</p> <p>60 (65,2%)</p> <p>3 (3,3%)</p> <p>1 (1,1%)</p>
Do you think that a course on antibiotic prescribing guidelines would be useful in your practice?	
<ul style="list-style-type: none"> • Yes, certainly • Moderately necessary • Not at all necessary 	<p>70 (76,1%)</p> <p>20(21,7%)</p> <p>2 (2,2%)</p>

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